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# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Administrative County of Cambridge

for the Year 1944



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## INTRODUCTION

This report is on the abridged lines which have been used in the previous years of the war, but, owing to the removal of restrictions on the publication of figures relating to populations, these and the numbers of cases on which the various rates are calculated are included.

## VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE

### *Populations (Registrar-General's Estimates):*

			1942	1943-	1944
Administrative County	..	..	156,690	154,310	152,860
Cambridge	..	..	78,230	78,210	77,660
Rural Districts	..	..	78,460	76,100	75,200
Chesterton	..	..	35,200	34,140	33,600
Newmarket	..	..	20,140	19,470	19,330
South Cambridgeshire	..	..	23,120	22,490	22,270

### *Births:*

Administrative County	..	Number	..	2,519	2,575	2,968
		Rate per 1,000		16.0	16.7	19.4
Cambridge	..	Number	..	1,262	1,369	1,536
		Rate per 1,000		16.1	17.5	19.8
Rural Districts	..	Number	..	1,257	1,206	1,432
		Rate per 1,000		16.0	15.8	19.0
Chesterton	..	Number	..	585	540	652
		Rate per 1,000		16.6	15.8	19.4
Newmarket	..	Number	..	293	285	358
		Rate per 1,000		14.5	14.6	18.5
South Cambridgeshire	..	Number	..	379	381	422
		Rate per 1,000		16.4	16.9	18.9

### *Illegitimate Births:*

Administrative County	..	..	Number	154	202	294
			Rate per cent. live births	6.1	7.8	9.9
Cambridge	..	..	Number	88	120	178
			Rate per cent. live births	7.0	8.8	11.6
Rural Districts	..	..	Number	66	82	116
			Rate per cent. live births	5.3	6.8	8.1

### *Still Births:*

Administrative County	..	..	Number	73	87	58
			Rate per 1,000 total births	28.2	32.6	19.2
Cambridge	..	..	Number	43	42	30
			Rate per 1,000 total births	34.1	29.8	19.2
Rural Districts	..	..	Number	30	45	28
			Rate per 1,000 total births	23.3	36.0	19.2

### *Deaths:*

Administrative County	..	..	Number	1,863	1,809	1,954
			Rate	..	11.8	11.7
Cambridge	..	..	Number	880	938	965
			Rate	..	11.2	12.0
Rural Districts	..	..	Number	983	871	989
			Rate	..	12.5	11.4

*Infant Deaths:*

Administrative County ..	..	Number	101	84	136
		Rate ..	40.1	32.6	45.8
Cambridge ..	..	Number	49	53	83
		Rate ..	38.8	38.7	54.0
Rural Districts ..	..	Number	52	31	53
		Rate ..	41.4	25.7	37.0

*Maternal Deaths:*

## (a) From sepsis :

Administrative County ..	..	Number	Nil	Nil	1
		Rate per 1,000 total births	Nil	Nil	0.3
Cambridge ..	..	Number	Nil	Nil	1
		Rate per 1,000 total births	Nil	Nil	0.6
Rural Districts ..	..	Number	Nil	Nil	Nil
		Rate per 1,000 total births	Nil	Nil	Nil

## (b) From other puerperal conditions :

Administrative County ..	..	Number	4	3	5
		Rate per 1,000 total births	1.5	1.1	1.7
Cambridge ..	..	Number	1	3	1
		Rate per 1,000 total births	0.8	2.1	0.6
Rural Districts ..	..	Number	3	Nil	4
		Rate per 1,000 total births	2.3	Nil	2.7

*Tuberculosis Deaths:*

## (a) Pulmonary :

Administrative County ..	..	Number	48	74	61
		Rate ..	0.31	0.48	0.40
Cambridge ..	..	Number	22	42	40
		Rate ..	0.28	0.54	0.52
Rural Districts ..	..	Number	26	32	21
		Rate ..	0.33	0.42	0.27

## (b) Non-pulmonary :

Administrative County ..	..	Number	13	5	15
		Rate ..	0.08	0.03	0.10
Cambridge ..	..	Number	5	5	6
		Rate ..	0.06	0.06	0.08
Rural Districts ..	..	Number	8	Nil	9
		Rate ..	0.10	Nil	0.12

## (c) All forms :

Administrative County ..	..	Number	61	79	75
		Rate ..	0.39	0.51	0.50
Cambridge ..	..	Number	27	47	46
		Rate ..	0.34	0.60	0.60
Rural Districts ..	..	Number	34	32	30
		Rate ..	0.43	0.42	0.39

*Cancer Deaths:*

Administrative County ..	..	Number	312	310	273
		Rate ..	1.9	2.0	1.8
Cambridge ..	..	Number	141	152	134
		Rate ..	1.8	1.9	1.7
Rural Districts ..	..	Number	171	158	139
		Rate ..	2.1	2.1	1.8

It will be noted that the Registrar-General considers that the population of the administrative county is falling at an average rate of about 2,000 per year and that the fall is more marked in the rural area than in Cambridge. Only the next census will substantiate the accuracy of this opinion, but the number of ration books issued in an area does afford a reasonably exact way of assessing the population, which did not exist before the war.



The birth rate continues to rise and in fact in 1944 a very marked increase took place both in Cambridge and in the rural area, the rise in the latter being greater than in the former, but the maximum attained being somewhat the higher in Cambridge. Newmarket has still the lowest rate of the three rural districts in spite of a rise of almost four per thousand as compared with the figure for the previous year. It remains to be seen how far the rise is a war-time phenomenon and how far the higher level is likely to continue in peace-time.

The illegitimacy rate is the highest for any of the war years, the level in all of which has been higher than that of the peace years immediately preceding them. The rise in Cambridge has been consistently higher than that in the rural area the former rate being 3.5 per cent. greater than the latter in 1944.

The still-birth rate is much the lowest recorded for some considerable time and shows the somewhat unusual feature of an exactly equal figure for Cambridge and the rural area. This is a rate which is now tending to fall in the country as a whole and it is generally considered that the improvement in the general standard of nutrition brought about by rationing and priorities is the factor responsible.

The general death rate has risen considerably, the rise in the rural area being greater than that in Cambridge. This has the effect of restoring the usual position, that is to say a higher death rate in the rural area than in Cambridge, a position which was exceptionally reversed in the previous year. The rise in the death rate is not in itself a measure of an increase in ill health. It has been reduced in the recent past by a saving of lives at the younger ages and must rise again as the individuals concerned attain old age and die, unless it is offset by a permanent rise in the birth rate and a consequent increase in the numbers of young people.

The infant mortality rate has unfortunately risen rather markedly. It could hardly be expected that the very low rate of the previous year could be maintained as a permanent feature all at once, but the rise has in fact increased the mortality to a figure greater than that of 1942. The greater part of the rise has taken place in Cambridge producing an exceptionally high figure for infant mortality there. The rise in the rural area is appreciable, but the figure for the previous year was so low that the actual figure is still below that of the year 1942. In both areas an increase in congenital malformations has been a factor, but deaths from diarrhoea have played a not inconsiderable part in bringing about an increase in infant mortality. This has been the case to a much greater extent in Cambridge than in the rural area. In Cambridge the number of deaths from this cause rose from 2 in 1943 to 19 in 1944, while the corresponding rise in the rural area was from 3 to 5. One factor which may have been responsible is the great increase in prevalence of dysentery, but it is common knowledge that the nuisance from flies has greatly increased during the war years and this may have had a definite influence. It is regrettable that a cause of death in infancy which had been brought under a large measure of control previous to the war should appear to be assuming prominence again. There was also some increase in infant deaths from pneumonia in Cambridge, but this was not an obvious factor in the rural area. Deaths from prematurity showed no appreciable increase in either area.

The maternal mortality figure is less satisfactory than it has been in either of the two previous years, but it may be noted that for the third year in succession there have been no deaths from puerperal sepsis in the rural area. In Cambridge there has been one death from this cause and the figure may be taken as

an illustration of the impossibility of using the statistics for a single year as a fair basis of comparison in a small area. Even this one death makes the death rate from maternal sepsis slightly higher in the administrative county than that for the country as a whole, while in Cambridge itself the resulting rate is more than twice that for the whole country. Other puerperal conditions caused one death in Cambridge giving a rate well below that for the country as a whole, but the four deaths in the rural area form an unusually large number and result in a death rate considerably higher than that of the whole country. Taking the average of the three years, however, the rate is not so much higher than that of the whole country as to call for comment.

There has been a fall in the death rate from pulmonary tuberculosis in the administrative county, but analysis shows that this fall is very unevenly distributed as between Cambridge and the rural area. In the former the fall has been very slight, but in the latter it has been so considerable as to produce a figure which is by far the lowest on record. The fall in the figure for pulmonary tuberculosis has, however, been offset by a rise in the figure for non-pulmonary tuberculosis, a rise which is much bigger in the rural area than in Cambridge. In 1943 there were no deaths from this cause in the rural area, whereas in 1944 there were 9. The figure in 1942 was 8 and in general the death rate from this cause is higher in the rural area than in Cambridge. The effect of the comparatively high rate for non-pulmonary tuberculosis is to make the figure for all forms in the county as a whole and in Cambridge substantially the same as it was in 1943, but the very low rate for pulmonary deaths in the rural area does bring the figure for all forms to a somewhat lower level there.

The number of deaths from cancer and the resulting rates are lower in both Cambridge and the rural area than in either of the two previous years. Only time will show whether this indicates a trend or whether it is a mere chance occurrence. In the absence of notification of the disease it could not be said with any certainty whether a fall in the death rate was caused by a lowered incidence or by a higher rate of cure on account of earlier diagnosis or improved methods of treatment.

The figures showing the incidence of the principal infectious diseases (civilians only) in the County during the year, with those of the two previous years for comparison, are set out below:—

	1942	1943	1944
Scarlet Fever ... ..	194	206	224
Diphtheria ... ..	61	26	21
Enteric Fever ... .. (including paratyphoid)	5	3	3
Smallpox ... ..	—	—	—
Cerebro-spinal Fever...	12	7	6
Pneumonia ... ..	85	82	67

The incidence of diphtheria continues to fall, but the rate of fall is lower as between 1944 and 1943 than it has been in the immediately foregoing years. This is perhaps to be expected as the figures approach a minimal level. Of the 21 cases only 4 occurred in the rural area and all of these were in Chesterton.

Cerebro-spinal fever has not quite disappeared, but the incidence of the cases in 1944 was entirely sporadic.

Pneumonia shows a definite decline if the notification figures are accepted as an index, but it is doubtful how far this is justified.



*Diphtheria Immunization.*—The procedure for carrying this out has followed exactly the same lines as have been described in former years. The work in schools has fallen to a very low level, but that at infant welfare centres as shown in the figures immediately following has remained at the same level as in the preceding year.

						<i>Children treated</i>
Abington	..	..	..	..	..	—
Balsham	..	..	..	..	..	14
Bassingbourn	..	..	..	..	..	35
Bottisham	..	..	..	..	..	14
Bourn	..	..	..	..	..	24
Burwell	..	..	..	..	..	—
Cheveley	..	..	..	..	..	26
Coton	..	..	..	..	..	15
Cottenham	..	..	..	..	..	8
Fordham	..	..	..	..	..	26
Fulbourn	..	..	..	..	..	24
Girton	..	..	..	..	..	10
Great Shelford	..	..	..	..	..	—
Harston	..	..	..	..	..	37
Histon	..	..	..	..	..	43
Linton	..	..	..	..	..	11
Melbourn	..	..	..	..	..	25
Sawston	..	..	..	..	..	48
Soham	..	..	..	..	..	18
Steeple Morden	..	..	..	..	..	20
Swavesey	..	..	..	..	..	—
Waterbeach	..	..	..	..	..	—
Willingham	..	..	..	..	..	18
Wicken	..	..	..	..	..	—
TOTAL ..						406

The number of children receiving two immunizing injections in school was only 30 as against 460 in the previous year.

Under the individual schemes of the Rural District Councils, 488 children of under school age were immunized, making, with those immunized at infant welfare centres, a total of 894 in this class as against 1,222 in the previous year. The number of children of school age immunized under the individual schemes was 225.

## MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

In 1944, notification of intention to practise was received from 50 midwives, the total number known to be practising at the end of the year being 46.

Midwives attended 808 confinements during the year, acting as midwives only in 441 cases and as maternity nurses under medical direction in 367. They found it necessary to summon medical aid in 165 of the cases in which they acted as midwives only.

The fall in the number of cases admitted to the County Hospital for confinement noted in 1943 was not maintained in 1944, when the record number of 1,150 admissions occurred of which 457 were from the rural area. Of the remainder, 74 were evacuees and 619 were resident in the Borough of Cambridge. In the previous year the total number of admissions was 759, of which 258 were from the rural area. No doubt the increase in the total number of births in the County accounts for part of the increase in the number of admiss-

ions, but it is likely that the increasing tendency of women to enter institutions for confinement is the major factor. The apparent diminution in this trend in the previous year has no obvious explanation.

Eighty-two women from the rural area were admitted to Addenbrooke's Hospital for abnormalities connected with pregnancy or parturition, 22 more than in 1943.

At the end of the year there were two midwives qualified to administer analgesics in accordance with the requirements of the Central Midwives Board and in whose areas the apparatus and the necessary volunteers for assistance at the confinement had been provided. Only fourteen cases had, however, received this form of assistance by the end of the year, one of the difficulties being the development of faults in the apparatus which war-time conditions made it impossible to rectify at short notice. The Council intends to extend the arrangement to as many areas as possible in the near future, but difficulties with regard to volunteers and, more important still, difficulty in obtaining vacancies for the necessary training of the midwives are proving obstacles.

The total number of births notified in the rural area in 1944 was 774, of which 15 were still-births. Of these 759 were notified by midwives and the remainder by doctors or parents. The very large discrepancy between the number of births notified and the number registered is apparent and is probably a measure of the number of institutional confinements outside the area.

The number of women examined ante-natally under the Council's scheme was 438, while the number examined post-natally was 147. The following are the details:

Ante-natal examinations at or about the 16th week:

To be delivered by midwife	To be transferred to doctor	Referred to hospital	Consultant's opinion required	Institutional delivery recommended
265	4	4	7	9

Ante-natal examinations at 32nd—36th week:

279	5	12	11	4
-----	---	----	----	---

Post-natal examinations (1):

Cases taken normal course	Treatment required (excluding dental treatment)	Treatment being obtained	Reference to hospital desirable
115	6	2	2

Post-natal examinations (2):

59	8	4	1
----	---	---	---

There were 8 obstetric consultations in 1944, 3 more than in the previous year.

*Premature Infants.*—In October, 1944, arrangements were made for notifications of the birth of infants below the weight of  $5\frac{1}{2}$  lbs., to include the weight of such infants. Between that time and the end of the year only six notifications of the birth of infants below this weight were received.

Of the remaining suggestions contained in Circular 20/44 of the Ministry of Health it has not been thought practicable to implement more than two in a rural area such as Cambridgeshire. Four draught-proof cots and a supply of rubber hot-water bottles have been purchased and can be had on loan from the Superintendent of the County Nursing Association by any doctor or midwife requesting them. The Council has had a service of home helps for many years



and, so far as possible, the mothers of premature infants will be allowed first call on it, but the working of the service for any type of case is very much hampered by the lack of suitable personnel.

In the case of premature infants born outside the area (particularly in the County Hospital) details are passed on to the appropriate health visitor at the earliest possible date after the return of the mother and child to their own home and she is asked to visit without delay and take such steps as may be necessary for the welfare of the child.

*Illegitimate Infants.*—As all the health visiting in the area is done by district nurses who are in intimate touch with most of the population of their area, it has not been thought necessary to make special arrangements for the visiting of illegitimate children. Close touch is maintained with the various voluntary agencies interested in such cases and there is no reason to think that illegitimate children are neglected or suffer as a result of the lack of special arrangements.

The following are the figures relating to visits paid by Health Visitors :—

To children under 1 year	1st visits	...	1,421
	Total visits	...	11,371
To children aged 1-5...	Total visits	...	14,724

The Health Visitors have continued to pay attention to verminous infestation as it affects members of the family other than school children, and especially children of under school age, but as all health visiting in the area is done by district nurses whose time is more than fully occupied under war-time conditions, it has not been found possible to ask them to submit figures relating to the work.

The supervision of boarded-out children has proceeded as in former years. No visits were paid under the Adoption of Children (Regulation) Act of 1939. The details are as follows :—

Homes inspected	...	...	...	...	11
Approved	...	...	...	...	11
Total number supervised	...	...	...	...	103
Children on register at beginning of year	...	...	...	...	80
New cases	...	...	...	...	27
Removed from register (all causes)	...	...	...	...	32
Remaining on register at end of year	...	...	...	...	73
Orders of Court made under Sect. 212	...	...	...	...	Nil.

There were 5 cases of failure to notify reception of a child and 5 cases of failure to notify removal.

*Infant Welfare Centres.*—During the year new centres were opened at Balsham, Swavesey and Wicken, making the total number in operation by the end of the year 24.

The number of children attending the centres during the year was 2,632, of whom 756 were still under the age of one year at the end of the year. The number of new children attending was 1,491, of whom 942 were under the age of one year at the date of their first attendance.

*Registration of Nursing Homes.*—There were no changes in the arrangements for registration and supervision during the year.

One application for the registration of a maternity home of ten beds in the Borough of Cambridge was received and granted.

The total number of registered nursing homes in the administrative county at the end of the year was 14, containing 55 maternity beds and 64 others.

## TUBERCULOSIS

The following figures relate to new cases of tuberculosis coming to the notice of the Medical Officer of Health, by formal notification or otherwise, during 1944 :—

<i>Age Periods</i>	<i>Pulmonary</i>		<i>Non-pulmonary</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0	—	—	—	—
1	2	—	5	1
5	—	—	1	4
10	—	2	—	2
15	6	9	—	4
20	10	12	—	4
25	19	12	1	3
35	7	5	3	1
45	15	5	1	—
55	5	4	1	—
65 and upwards	5	—	1	1
	69	49	13	20

In 29 of these cases information was derived from sources other than formal notification namely from the death returns of local registrars, 27, and found on leaving the area, 2. The former figure has tended to rise during the war, and is now at its highest level, considerably above the level which obtained in pre-war years. Of the remaining cases, 13 are known to have been formally notified previously in other areas.

The number of cases of pulmonary tuberculosis was 12 less than that of 1943 and continues a decline which has been in progress since 1941. In contrast to the position in 1943, the whole of the decline is accounted for by a decrease in the number of notifications of female cases, there having actually been an increase of 6 in the number of male cases. The bulk of the decrease has taken place in the age groups 25-35 and 35-45.

There has also been a decline of 9 in the number of non-pulmonary cases, a decline which has been more marked on the male side, though there have been 2 fewer female cases.

Thus there has been a decrease of 21 in the total number of cases of tuberculosis. The figure for 1944 is 7 less than that for 1940 and 52 less than that for 1941, but it is still 39 higher than that for 1939 and 15 higher than that for 1938.

*Dispensary and Homes.*—There has been no change in staff during the year.

The following figures set out the work carried out :—

1. Cases examined at or in connection with the Clinic :—

	<i>Borough</i>	<i>Rural</i>	<i>Total</i>
New cases ... ..	1,096	552	1,648
Old cases ... ..	342	310	652
	1,438	862	2,300

	<i>Borough</i>	<i>Rural</i>	<i>Total</i>
2. Visits by patients to Clinic :—			
Insured Persons ... ..	1,840	848	2,688
School Children ... ..	374	330	704
Other Uninsured Persons	828	533	1,361
	3,042	1,711	4,753
3. Visits to Homes :—			
(a) <i>By Tuberculosis Officer</i> :—			
Insured Persons ... ..	272	220	492
School Children ... ..	44	68	112
Other Uninsured Persons...	154	71	225
Total 1944 ...	470	359	829
„ 1943 ...	216	140	356
(b) <i>By Clinic Nurse</i> :—			
Insured Persons ... ..	198	141	339
Uninsured Persons ...	84	129	213
Total 1944 ...	282	270	552
„ 1943 ...	281	530	811
(c) <i>By General Nursing Staff</i> :—			
Insured Persons ... ..	260	371	631
Uninsured Persons ...	121	430	551
Total 1944 ...	381	801	1,182
„ 1943 ...	352	601	953

In 1944 the total number of new cases examined was 1,648 as against 1,714 in 1943 of which 210 were found to be suffering from tuberculosis (178 in 1943). Of the 210 new cases, 59 were transfers from other areas. Of the total number of new cases 221 were contacts, of whom 4 proved to be infected.

At the end of the year 786 names remained on the register, 298 having at some time or other had tubercle bacilli present in the sputum. The number remaining on the register was 74 more than the corresponding number at the end of 1943.

The number of specimens of sputum examined was 271, tubercle bacilli being found in 93.

X-ray examinations numbered 6,488 (4,241 in 1943), of which 5,090 were cases in which films were taken and 1,398 required screen examination only.

Sixty-nine cases received artificial pneumothorax treatment throughout the year (52 in 1943), the total number of refills being 1,223 (720 in 1943).

Eight cases received dental treatment at the Clinic, one more than in 1943.

Once again the figures show a considerable increase in the total volume of work carried out at or in connection with the Clinic. It is true that the number of new cases seen is somewhat less than in the previous year, but the actual number of visits of patients to the Clinic is greater by 341 and the Tuberculosis Officer's



visits to patients are greater by 473. The Clinic Nurse's visits to patients are fewer than in the previous year, but this is due to the increased proportion of her time spent in the Clinic and is offset by an increase in the number of visits paid by the general nursing staff.

The expansion of the artificial pneumothorax work involves a considerable expenditure of the time of both Dr. Philip and the Clinic Nurse. Used in carefully selected cases it is the means of saving a good deal of expenditure on the sending of cases to sanatoria and of husbanding the restricted number of sanatorium beds available.

By far the most striking feature of the work is the remarkable increase in the number of X-ray examinations (2247 more in 1944 than in 1943). Part of this may itself be caused by the artificial pneumothorax work since X-ray control is an absolute necessity, but no doubt a large part of it is involved by the examination of people from various sources who are not suspected of suffering from tuberculosis at all. Unfortunately the records of this work in 1944 were not kept in such a way as to make it possible to distinguish between these people and the general attendance of patients at the Clinic, but there can be no doubt that it is playing a useful part in the control of tuberculosis in the area.

*Care and After Care.*—The Cambridgeshire Tuberculosis After Care Association continued its work in 1944 and received from the County Council a grant of £187 10s. 0d. Actually, the sum of £250 was provided in the estimate, but, owing to having a sum of money on hand, the Treasurer did not apply for one quarter's grant. Thirty-nine cases were assisted, 5 men and 34 women.

The arrangements set out in Ministry of Health Memorandum 266/T for assisting patients giving up work to undertake treatment proceeded as in the previous year. The number of new applications for assistance in 1944 was 21, rather less than half the number applying during the second half of 1943, when the arrangements first came into existence. The number in that period was of course swollen by applications from patients already in sanatoria and probably the 1944 figure is a closer approximation to what may be expected in subsequent years. Of the 21 cases, 6 received sanatorium treatment and 15 approved domiciliary treatment. The large number in the latter class is an index on the one hand of the difficulty of obtaining sanatorium beds and on the other hand of the successful working of Dr. Philip's arrangements for treating patients with reasonable home conditions by artificial pneumothorax induced and maintained at the Clinic.

*Sanatorium Accommodation.*—Difficulty in obtaining vacancies continued throughout 1944 on much the same scale as in 1943 and there was a waiting list at all times. The following table gives details as to this form of treatment:—

			<i>In Sanatoria</i>	<i>Admitted</i>	<i>Total</i>
			<i>Jan. 1st, 1944</i>	<i>during 1944</i>	<i>treated 1944</i>
Adult males	...	...	55	36	91
Adult females	...	...	43	31	74
Children	...	...	10	8	18
			108	75	183

The 75 new admissions are 14 less than the number in the previous year (1943, 89 ; 1942, 93 ; 1941, 79).

## MENTAL DEFICIENCY ACTS

In 1944, 29 new cases were considered by the Mental Deficiency Committee, 4 notified by the County Education Committee, 17 by the Borough Education Committee, 4 privately, 3 by the Police and 1 by the Secretary of State.

The method of dealing with them was :—

Petition for Certified Institution	...	...	...	4
Statutory Supervision	...	...	...	18
Voluntary Supervision	...	...	...	2
No action	...	...	...	5

At the end of the year there were 23 cases on leave of absence from institutions.

The three cases awaiting vacancies at the end of 1943 were admitted to institutions during 1944. Of the four cases in which presentation of petitions was authorized during 1944, the petition was dismissed in one case and Orders were made in the remaining three. All these cases were already in institutions, however (two election cases and one education case at the Royal Eastern Counties Institution), and therefore it would not be true to say that a total of six vacancies was found during the year. The difficulty of finding vacancies is as great as ever and it is not possible to deal with any but really urgent cases at the present time.

## VENEREAL DISEASES

The following figures relating to all the areas from which cases come to the clinic at Addenbrooke's Hospital and including both civil and military cases set out the details of the work during 1944 :—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under treatment on January 1st, 1944	74	52	126
Old cases re-admitted	5	6	11
" First-time " patients during 1944	230	231	461
Total under treatment	309	289	598
Left without completing treatment	28	16	44
Completed treatment but not final tests	3	7	10
Transferred to other Treatment Centres	75	14	89
Under treatment at end of year	48	50	98
Out-patient attendances :			
(a) On Clinic days	1,289	1,406	2,695
(b) On intermediate days	1,524	6	1,530
Aggregate " In-patient days "	194	140	314

The total number of new cases is slightly lower than the number for the previous year, but this decrease applies to male cases only, there having been an actual increase in the number of female cases. For the first time on record the number of new female cases equals the number of new male cases. The actual

difference between the total number of new cases in 1943 and 1944 is 32 and, as there were 33 fewer service cases in the latter year, it follows that the number of civilian new cases was substantially the same in both years.

Of the 461 new cases, however, 290 were found not to be suffering from venereal disease. This figure is only seven less than that of the previous year, when it was far greater than it had ever been before. The proportion of non-venereal cases is much higher in women than in men (191 as against 99) and this may be a reflection of the pressure to attend which is being exercised from various directions on women suspected to be sources of infection, in the case of many of whom it is known that no evidence of disease has been found.

As regards Cambridgeshire cases only, there were 217 new patients as compared with 222 in the previous year, comprising 28 cases of syphilis, the same number as in the previous year, 24 cases of gonorrhoea, two more than in the previous year and 165 cases of non-venereal conditions, seven fewer than in the previous year. Once again it seems necessary to point out that it is difficult to believe that there have only been 24 cases of gonorrhoea in the whole of Cambridgeshire in a year and that many cases must be receiving treatment privately, or perhaps, especially in the case of women, neglecting to receive treatment at all. Only three cases of gonorrhoea in women attended for the first time for the whole of the area served by the clinic, but the suggestion that women are neglecting to seek advice is somewhat belied by the figure of 191 women found not to be suffering from venereal disease quoted above.

*Laboratory Diagnosis.*—The number of specimens submitted for Wasserman or Kahn reaction in 1944 was 1,647 (536 from the Clinic). The number examined bacteriologically was 559 (513 from the Clinic).

*Follow-up and Contact Tracing.*—Defence Regulation 33B, has of course, been in operation throughout the year, but it has the disadvantage that formal action to deal with contacts and sources of infection can only be taken when they have been named by two or more infected individuals. At the end of April, 1944, the Council agreed with the suggestion of the Ministry of Health that the County Medical Officer should be empowered to make an informal approach to contacts named by one individual only and, wherever possible, this has been done. Unfortunately, however, the information contained in the notifications is often quite insufficient to enable the supposed contact to be traced.

Sixty-five notifications were received during the year. Two or more notifications were sent in the case of three contacts, all of whom were traced and interviewed. Two were persuaded to attend the Clinic where they received the necessary advice, but the third failed to do so and a prosecution under the terms of Regulation 33B had to be undertaken. A conviction was recorded, but as the contact then agreed to attend the Clinic, no penalty was inflicted.

Of the remainder, 23 were traced and 18 were actually interviewed. All agreed to attend the clinic for advice. The remaining 5 of the 23 refused to be interviewed, but apart from these and the number who could not be traced at all no difficulty has been experienced in carrying out the work and no surprise or resentment has been expressed by any of the contacts on account of the approach which has been made to them.



## BLIND PERSONS ACTS

At the end of the year there were 247 blind persons on the register, the distribution as to situation and age periods being as follows :—

		0-5	5-16	Over 16	Total
Borough	...	2	1	116	119
Rural Area	...	1	1	126	128
		3	2	242	247

It has been necessary to add yet another case to the class relating to children under the age of 5 years. As was the case with regard to the two children added in the previous year, the cause was a congenital developmental defect and not venereal disease.

Of the 247 cases of blindness, 212 were regarded as unemployable. There were 8 homeworkers and 17 employed elsewhere, in addition to 1 employed in a workshop for the blind. One trained worker was unemployed. One person was under training and 2 were regarded as trainable but not under training.

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